ECAQA

Eurasian Centre for Accreditation and Quality
Assurance in Higher Education and Health Care

STANDARDS FOR PROGRAMME ACCREDITATION

POSTGRADUATE MEDICAL EDUCATION

ALMATY 2017

EURASIAN ENTRE FOR ACCREDITATION AND QUALITY ASSURANCE IN HIGHER EDUCATION AND HEALTH CARE

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POSTGRADUATE MEDICAL EDUCATION

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1. **DEVELOPED** by Non-profit Entity õEurasian entre for Accreditation and Quality Assurance in Higher Education and Health careö.
2. **APPROVED AND INTRODUCED** by the Order #5 February 7, 2017 of the Director General, Eurasian entre for Accreditation and Quality Assurance in Higher Education and Health care.

3. In this standard, the Provisions of the Law of the Republic of Kazakhstan "On Education» July 27, 2007, #319-III (with Amendments from April 9, 2016) has been introduced.

The Standards for programme accreditation of postgraduate medical education based on the World Federation for Medical Education Global Standards for Quality Improvement in Postgraduate Medical Education (Revision 2015) with specification according to institutional needs and national Health Care System priorities.

CONTENTS

STANDATRDS FOR PROGRAMME ACCREDITATION
POSTGRADUATE MEDICAL EDUCATION

GENERAL PROVISION

1. Application and Use of Standards

1.1 The Standards define the general provisions and requirements of Standards for PME programme accreditation at the HEIs for Health Professions Education

1.2 The Standards is a tool for quality assurance and improvement Postgraduate Medical Education.

1.3 The Standards should be used for programme accreditation and carrying out external evaluation of educational programme.

1.3 The Standards should be used for the educational programme self-evaluation and its improvement, support the development quality assurance and the quality culture.

2. Reference to Regulations and Law

The Standard references to the following Laws and Regulations:

2.1 The Law of the Republic of Kazakhstan "On Education» July 27, 2007, #319-III (with Amendments from April 9, 2016)

2.2 State Programme Education Development in the Republic of Kazakhstan 2016-2019. The Presidentof the Republic of Kazakhstan Decree #205, March 7, 2016.

2.3 The State Programme for Healthcare System Development 2016-2020.The President of the Republic of Kazakhstan Decree#176,January 15, 2016.

2.4 The Republic of Kazakhstanø State Compulsory Postgraduate Medical Education Standard. Residency Programme. The Standard is developed according to the Republic of Kazakhstan Code õOn Health and Health Care Systemö from September 18, 2013and approved by the Republic of Kazakhstan Ministry of Healthø Order #647 from July 31, 2015. Date of Registration at the Republic of Kazakhstan Ministry of Justice: September 2, 2015.

3. Terms and Definitions

The Terms and Definitions are used to clarify, amplify expressions in the Standards and refer to the Law of the Republic of Kazakhstan «On Education» July 27, 2007, #319-III (with Amendments from April 9, 2016) and the World Federation for Medical Education Global Standards for Quality Improvement of Postgraduate Medical Education (Revision 2015):

Accrediting agencies ó legal entities that develop set of Standards (Guidelines) and accredit of the HEIs that as the institutions meet predefined quality Standards (Guidelines);

*Accreditation of Higher Education Institutionsó*recognition procedure used in higher education by accreditation agency that confirms the Education, Research and Service compliance with and meet predefined standards (guidelines)in order

to provide the evidence about their quality and improvement of the internal quality assurance mechanisms;

*Institutional accreditation*ó external evaluation by the accrediting agency and its formal and independent decision indicating that a <u>higher education institution</u> meets certain predefined standards and current status as the HEI;

*International accreditation*óexternal evaluation of the higher education institutions (institutional accreditation) or educational programmes(specialized accreditation) that meet predefined standards (guidelines)and its should be carried out by the national or foreign accrediting agency recognized and listed on Register #1 of the Kazakhstan Ministry of Education and Science;

*National accreditation*óexternal evaluation of the higher education institutions (institutional accreditation) or educational programmes (specialized accreditation) that meet predefined standards (guidelines)and its should be carried out by the national accrediting agency recognized and listed on Register #1 of the Kazakhstan Ministry of Education and Science;

Educational programme accreditation-recognition procedure used in higher education by accreditation agency that confirms the educational programmes compliance with and meet predefined standards (guidelines) in order to provide the evidence about their quality and improvement of the internal quality assurance mechanisms;

*Standards (Guidelines) for accreditation*ó external evaluation of the quality assurance of educational programmes that offered by the higher education institution

According to the WFME Global Standards for Quality Improvement of Postgraduate Medical Education (Revision 2015) following definitions related to Standards:

Mission provides the overarching frame to which all other aspects of the programme must be related. The mission statement would include general and specific issues relevant to institutional, national, regional and, if relevant, global policy and health needs. Mission in this document includes visions about postgraduate medical education.

Social accountability would include willingness and ability to respond to the needs of society, of patients and the health and health related sectors and to contribute to the national and international development of medicine by fostering competencies in health care, medical education and medical research.

Social accountability is sometimes used synonymously with social responsibility and social responsiveness. In matters outside the control of the programme provider, it would still be possible to demonstrate social accountability through advocacy and by explaining relationships and drawing attention to consequences of the policy.

Life-long learning is the professional responsibility to keep up to date in knowledge and skills through appraisal, audit, reflection or recognised continuing professional development (CPD)/continuing medical education (CME) activities.

Continuing medical education (CME) refers to life-long continuing education in the knowledge, skills and attitudes of medical practice.

Continuing professional development (CPD) refers to life-long professional activities that doctors undertake, formally and informally, to maintain, update, develop and enhance their knowledge, skills and attitudes in response to the needs of their patients and their own personal development. CPD is a broader concept than CME.

Professionalism describes the knowledge, skills, attitudes and behaviours expected by patients and community from individual doctors during the practice of their medical profession and includes skills of lifelong learning and maintenance of competencies, information literacy, ethical behaviour, integrity, honesty, altruism, empathy, service to others, adherence to professional codes, justice and respect for others, including consideration of patient safety. The perception of professionalism should reflect any ethical guidance produced by the national medical regulator.

Autonomy in the patient-doctor relationship would ensure that doctors at all times make informed decisions in the best interest of their patients and the society, based on the best available evidence. Autonomy related to doctorsø learning implies that they have some influence on decisions about what to learn and how to plan and carry out learning activities. It also implies access to the knowledge and skills doctors need to keep abreast in meeting the needs of their patients and the society, and that the sources of knowledge are independent and unbiased. In acting autonomously, possible guidelines should be taken into consideration.

Educational outcomes or learning outcomes/competencies refer to statements of knowledge, skills and attitudes that trainees demonstrate at the end of a period of learning, the educational results. Outcomes might be either intended outcomes or acquired outcomes. Intended outcomes are often used for formulation of educational/learning objectives. Outcomes include competencies.

Outcomes within medicine and medical practice ó to be specified by the responsible authority ó would include documented knowledge and understanding of relevant (a) basic biomedical sciences, (b) behavioural and social sciences, (c) medical ethics, human rights and medical jurisprudence relevant to the practice of medicine, and (d) clinical sciences, including clinical skills with respect to diagnostic procedures, practical procedures, communication skills, treatment (including palliative care) and prevention of disease, health promotion, rehabilitation, clinical reasoning and problem solving. It also includes skills in doctor-patient relationship with emphasis on a compassionate attitude and humanity.

The characteristics and achievements the trainee would display upon completion of the programme might be categorised in terms of the roles of the doctor. Such roles would be (a) medical practitioner or medical expert, (b) communicator, (c) collaborator/team worker, (d) leader/manager or administrator, (e) health advocate, (f) scholar and scientist contributing to development and research in the chosen field of medicine, (g) teacher, supervisor and trainer to

colleagues, medical students and other health professions and (h) a professional. Similar frameworks could be defined.

Discipline/speciality specific components refer to the knowledge, skills and attitudes of the chosen field of medicine as a speciality, subspeciality or expert function.

Appropriate conduct could presuppose a written code of professional and personal conduct.

Basic medical education refers to the basic (undergraduate) programmes in medicine conducted by medical schools/medical faculties/ medical colleges or medical academies leading to outcomes at a basic level.

Principal stakeholders would include trainees, programme directors, medical scientific societies, hospital administrations, governmental authorities, other health care authorities and professional associations or organisations as well as representatives of supervisors, trainers and teachers. Some principal stakeholders may be programme providers as well.

Other stakeholders would include representatives of other health professions, patients, the community and public (e.g. users of the health care delivery systems, including patient organisations). Other stakeholders would also include other representatives of academic and administrative staff, medical schools, education and health care authorities, professional organisations and medical scientific societies.

Instructional and learning methods would encompass any didactic, participatory demonstration or supervised teaching and learning methods such as lectures, smallgroup teaching, problem-based or case-based learning, peer-assisted learning, practicals, laboratory exercises, bed-side teaching, clinical demonstrations, clinical skills laboratory training, field exercises in the community, web-based instructions and not least practical clinical work as a junior member of the staff.

Integration of practical and theoretical components can take place in didactic learning sessions and supervised patient care experiences as well as through self-directed and active learning.

Evidence-based medicine means medicine founded on documentation, trials and accepted scientific results.

Managerial disciplines would focus on education in leadership roles, taking into account the need for leadership training to teach trainees how to create change. Also, these disciplines would focus on developing relevant managerial skills in practice, such as e.g. determining priorities or cost-effectiveness of health care and knowledge of referral systems.

Complementary medicine would include unorthodox, traditional or alternative practices.

Integrate training and service means on the one hand delivery of proper health care service by the trainees and on the other hand that learning opportunities are embedded in service functions (on-the-job training).

Complementary means that training and service ought to be jointly planned and organised to enhance each other. This would be expressed in an affiliation agreement between the training providers and the service institutions.

Assessment methods would include consideration of the balance between formative and summative assessment, the number of examinations and other tests, the balance between different types of examinations (written and oral), the use of normative and criterion-referenced judgements, and the use of personal portfolio and log-books and special types of examinations, e.g. objective structured clinical examinations (OSCE) and mini clinical evaluation exercise (MiniCEX). It would also include systems to detect and prevent plagiarism.

Specialist examinations would be conducted by providers or by separate agencies, e.g. colleges or consortia.

õ*Assessment utility*ö is a term combining validity, reliability, educational impact, acceptability and efficiency of the assessment methods and formats in relation to intended educational outcomes.

Evaluation and documentation of reliability and validity of assessment methods would require an appropriate quality assurance process of assessment practices. Evaluation of assessment methods may include an evaluation of how they promote education and learning.

Criteria for selection may include consideration of balanced intake according to gender, ethnicity and other social requirements (socio-cultural and linguistic characteristics of the population), including the potential need of a special recruitment, admission and induction policy for minorities and doctors from underserved rural communities.

The *process for selection* of trainees would include both rationale and methods of selection such as medical school results, other academic or educational experiences, entrance examinations and interviews, including evaluation of motivation for education in the chosen field of medicine.

The health needs of the community and society would include consideration of intake according to gender, ethnicity and other socio-cultural and linguistic characteristics of the population, including the potential need of a special recruitment, admission and motivation policy for minorities and rural groups of doctors. Forecasting the health needs of the community and society for trained physicians includes estimation of various market and demographic forces as well as the scientific development and migration patterns of physicians.

Addressing social, financial and personal needs would mean professional support in relation to social and personal problems and events, housing problems, health problems and financial matters, and would include access to health clinics, immunisation programmes and health/disability insurance as well as financial aid services in forms of bursaries, scholarships and loans.

Professional crisis would e.g. be the result of involvement in malpractice or fundamental disagreement with supervisors or colleagues.

Learning settings would include hospitals with adequate mix of primary, secondary and tertiary services and sufficient patient wards and diagnostic

departments, laboratories, ambulatory services (including primary care), clinics, primary health care settings, health care centres, hospices and other community health care settings as well as skills laboratories, allowing clinical training to be organised using an appropriate mix of clinical settings and rotations throughout all relevant main disciplines.

Patients would include validated simulation using standardised patients or other techniques, where appropriate, to complement, but not substitute clinical training.

Community-based facilities would include primary health care centres or stations, speciality clinics, specialist practices, nursing homes and other facilities where health care is provided for a specific geographical area.

Effective use of information and communication technology would include use of computers, cell/mobile telephones, internal and external networks and other means, as well as coordination with library services. The use of information and communication technology may be part of education for evidence-based medicine and in preparing the trainees for continuing medical education and professional development.

Medical research and scholarship encompasses scientific research in basic biomedical, clinical, behavioural and social sciences. Medical scholarship means the academic attainment of advanced medical knowledge and inquiry. The medical research basis of the programme would be ensured by research activities within the training settings or affiliated institutions and/or by the scholarship and scientific competencies of the trainer staff. Influences on current education would facilitate teaching of scientific methods and evidence-based medicine.

Programme monitoring would imply the routine collection of data about key aspects of the programme for the purpose of ensuring that the education is on track and for identifying any areas in need of intervention. The collection of data is often part of the administrative procedures in connection with admission of trainees, assessment and completion of the programme.

Programme evaluation is the process of systematically gathering information to judge the effectiveness and adequacy of the education programme, using monitored data, collected feedback and results of special evaluation studies. This would imply the use of reliable and valid methods of data collection and analysis for the purpose of demonstrating the qualities of the education in relation to the mission and the intended and acquired educational outcomes. It would include information about average actual duration of education, scores, pass and failure rates at examinations, success- and dropout rates, as well as time spent by the trainees on areas of special interest. Involvement of external reviewers from outside the programme and the institution as well as experts in medical education and evaluation and regulatory bodies would further broaden the quality of postgraduate education.

Governance means the act and/or the structure of governing the programme and the involved institutions. Governance is primarily concerned with policy making, the processes of establishing institutional and programme policies and

also with control of the implementation of the policies. The institutional and programme policies would normally encompass decisions on the mission of the programme, admission policy, staff recruitment and selection policy and decisions on interaction and linkage with medical practice and the health sector as well as other external relations.

Completion of education would - depending on the level of education - result in a doctor with the right to independent practice, including medical specialists or medical experts.

4. Abbreviation

The following abbreviations are used in the Standards:

AC Accreditation Council
CPD Continuing Professional Development
EB Expert Board
ECAQA the Eurasian entre for Accreditation and Quality Assurance in Higher Education and Healthcare
EEC External Expert Commission
ESG Standards for accreditation the Higher Education Institutions for Health Professions Education based on the Standards and Guidelines for Quality Assurance in the European Higher Education Area
HEIs Higher Education Institutions
MoH RK Ministry of Health of the Republic of Kazakhstan
MoEDSc Ministry of Education and Scienceof the Republic of Kazakhstan
PME Postgraduate Medical Education
WFME World Federation for Medical Education
WHO World Health Organization

5. General Provision

5.1 Programme accreditation in Postgraduate Medical Education is carried out according to the following Standards:
1. MISSION AND OUTCOMES
2. EDUCATIONAL PROGRAMME
3. ASSESSMENT OF TRAINEES
4. TRAINEES
5. TRAINERS
6. EDUCATIONAL RESOURCES
7. PROGRAMME EVALUATION
8. GOVERNANCE AND ADMINISTRATION
9. CONTINUOUS RENEWAL

5.2 Standards for programme accreditation developed and based on the WFME Global Standardsfor Quality Improvement in Postgraduate Medical Education (Revision 2015) with national specifications of the healthcare system and health professions education.

5.3.Standardsare specified for each sub-area using two levels of attainment:

− **Basic Standards** are expressed by a õmustö, **t**his means that the standard must be met and fulfilment demonstrated during evaluation of the education programme.

− **Standards for Quality Development** are expressed by a õshouldö, this means that the standard is in accordance with international consensus about best practice for postgraduate medical education.

Fulfilment of ó or initiatives to fulfill - some or all of such standards should be documented. Fulfilment of these standards will vary with the stage and development of the education programme, available resources, the educational policy and other local conditions influencing relevance, priorities and possibilities. Even the most advanced programmes might not comply with all standards.

5.4 Standards based on the WFME Global Standards for Quality Improvement of Postgraduate Medical Education (Revision 2015), the set of Standards is structured according to **9 areas** with a total of **36 sub-areas**, being aware of the complex interactions and links between them.

5.5 In the Standards document the term **programme provider(s)** refer to local and national authorities or bodies involved in regulation and management of postgraduate medical education, and could be a national governmental agency, a national or regional board, a university, a hospital or hospital system, a competent professional organisation or a combination of such providers with shared responsibility.

5.6 The decision on accreditation is awarded by ECAQAøs Accreditation Council according to the External Evaluation Report of the EEC containing recommendations regarding the decision on accreditation and including the evidence about the <u>higher education institution</u> meets certain predefined Standards.

5.7 The ECAQAøs Accreditation Council includes all main groups of stakeholders and based on recommendations of the WHO/WFME Guidelines for Accreditation of Basic Medical Education. The Members of the Accreditation Council are represented by the Directors of Departments of the MoED.Sci. RKand MoH RK, Members of Kazakhstan Parliament, Senior Academic Staff of the HEIs for Health Professions Education, National Research Centres, Societies of the Employers, International and National Professional Association, Students.

6.   Purpose of introduction of Standards for PME Programme accreditation

6. The main purposes for implementation of the PME programme accreditation are following:

6.1.1 to implement internal quality assurance within institution and develop the national external quality assurance system that harmonized with principles of good international practice for quality assurance in higher education;

6.1.2 to support and encourage the development of a quality culture that is embraced by students, academic staff/faculty, institutional leadership and management.

6.1.3 to evaluate professional educational programmes, to ensure that a <u>higher education institution</u> meets certain predefined standards.

6.1.4 to promote the quality improvement of health professions education to meet the needs of the changing environment and achieve competitiveness of the national system of higher professional education;

6.1.5 to ensure that the competencies of medical doctors are globally applicable and transferable, readily accessible and transparent documentation of the levels of quality of educational institutions and their programmes is essential.

6.1.6 to publish and provide reliable information for society and authorities concerned in higher education and healthcare regarding PME programme external evaluation outcomes and submit the summary report and formal decision on accreditation.

7. Principles of Quality Assurance and Accreditation

7.1 Quality assurance and accreditation system based on the following principles:

7.1.1 Voluntariness/Freedom ó the accreditation is voluntary process and accrediting agency recognizes the freedom and autonomy of the HEIs and their programmes.

7.1.2 Responsibility óthe accreditation process clear defines the responsibility of both accrediting agency and higher education institution; accrediting agency has strong relationship with main stakeholders: the Public, HEIs, Students, the Professions, Professional Organizations, Government; provides the Standards and Guidelines, appropriate resources of innovation and training reviewers/experts.

7.1.3 Transparency ó internal and external evaluation are carried out fairly and transparently providing access to relevant information regarding the accreditation process and procedures, accreditation standards, guidelines for self-study, guidelines for external evaluation that are available for all stakeholders.

7.1.4 Independence - external evaluation, decision making process based on the published standards and procedures taking into consideration the outcomes both the institutional self-study and external review, the reliable information and data, accrediting agency is independent of the third parties (MoH,MoEDSci., HEIøs Leadership and Public).

7.1.5 Confidentiality ó institutional self-study reportø information and other information provided by HEIs and data gained in external review are confidential.

7.1.6 Efficiency ó external evaluation focus on content and outcomes that allowed improving internal quality assurance mechanisms, support the development of a quality culture and ensure the link between internal and external quality assurance.

7.1.7 Public information- the decisions on accreditation must be announced and made public, publication of the reports providing the basis for the decisions, or a summary of the reports, should also be considered and posted on the accrediting agencyøs web-site.

8. General steps and main elements in accreditation process

8.1 Accreditation process includes the following main elements:

8.1.1 Submission of the application and the summary and education database of the higher education institution/programme provider to the accrediting agency;

8.1.2 Signing the Agreement between higher educational institution/programme provider and accrediting agency that included terms of payment and conditions for performance, training of staff/faculty on conducting the institutional self-study;

8.1.3 Planning and conducting the Educational Programme self-evaluation; submitting Educational Programme Self-evaluation Report (in Kazakh, Russian and English) to the accrediting agency;

8.1.4 Consideration the Educational Programme Self-evaluation Report by the Members of EEC's accrediting agency before the site-visit;

8.1.5 The external expert commission carries out the external evaluation and develops the draft of the Report and conclusions that is presented to the administrative and academic staff.

8.1.6 Submission of the final External Evaluation Report with recommendations for improvement to the accrediting agency and the Accreditation Council;

8.1.7 Decision on accreditation consideration of the final Report and recommendations of the external expert commission by Accreditation Council

8.1.8 Publication of a summary of the External Evaluation Report and decision on accreditation and post them on accrediting agency's web-site.

9. Decision on accreditation

9.1 Decisions on accreditation based on the fulfillment or lack of fulfillment of the Standards.

Categories of accreditation decisions:
1) Full accreditation- the duration of full accreditation is 5 years;
2) Conditional accreditation- will be reviewed after 1 year to check fulfillment of the conditions;
3) Denial or withdrawal of accreditation.

9.2 Full accreditation for the maximum period must be conferred if all Standards are fulfilled.

9.3 Conditional accreditation, meaning that accreditation is conferred for the entire period stated but with conditions, to be reviewed after 1 year to check fulfillment of the conditions. Conditional accreditation can be used in cases where a few Standards are only partly fulfilled or in cases where more Standards are not fulfilled. The seriousness of the problem is to be reflected in the specification of conditions.

9.4 Denial or withdrawal of accreditation must be the decision, if many Standards are not fulfilled, signifying severe deficiency in the quality of the programme that cannot be remedied within a few years.

9.5 If the decision on accreditation will be denial or withdrawal of accreditation the higher education institution will be excluded or not listed at the National Register #3 (accredited HEIs) of the Ministry of Education and Science of the Republic of Kazakhstan.

9.6 Accrediting agency issues the Certificate for awarding the full accreditation for 5 years.

9.7 According to the Kazakhstan Ministry of Education and Sciencesø (MoEd.Sci.) Order of #629/Article4./ p.16-17, from November 1, 2016 the accreting agencyøs decision on accreditation of HEI and its educational programmes should be posted on the MoEd.Sci.ø web-site.

In addition to that the summary of external evaluation report of HEIs and programmes should be submitted to the MoEd.Sci. in order to be listed on the National Register #2,3 of the Ministry of Education and Science of the Republic of Kazakhstan.

9.8 Accrediting agency has published procedure for appeals related to its external evaluation and decision making process and the following action by accrediting agency affecting accreditation are the subject to appeal: Denial or Withdrawal of accreditation.

9.9. Higher education institution should submit the application for re-accreditation after 5 years to confirm its accredited status.

10. Fellow up activities

10.1 Accredited HEIs are monitored by the accrediting agency throughout the duration of the accreditation term.

10.2 The HEIs should submit the brief progress report annually to shed light on how the institution has addressed the recommendations for improvement that made by the External Evaluation Commission.

10.3 The HEIs must inform accrediting agency of any substantive changes in scope of activities of the institution, including the educational programmes changes.

10.4 The accrediting agency will consider complaints about the quality of accredited HEIs and the accrediting agency will conduct initial evaluation and it would be arranged the site-visit.

11. Development and revision of the accreditation standards

11.1 Amendments for accreditation standard are addressed for its further improvement.

11.2 Amendments to accreditation standard are proposed by the accrediting agency.

11.3 In case of amendmentsø initiation to the standard by main stakeholders, they address their suggestions and remarks to the accreditation agency.

11.4 Accrediting agency consider all suggestions and remarks related to accreditation standards for their validity and appropriateness.

11.5 Revised Standards adopted by the accrediting agency, approved by the Experts Board and signed by Director General will be issued as a new version of Standards and published on its web-site.

12. STANDARDS FOR PROGRAMME ACCREDITATION OF POSTGRADUATE MEDICAL EDUCATION

1. MISSION AND OUTCOMES
1.1 MISSION

1.1. The programme provider **must** state the mission of the programme and make the mission publicly known to the health sector it serves.

1.1.2 The programme provider **must** base the mission on
– consideration of the health needs of the community or society;
– the needs of the health care delivery system;
– other aspects of social accountability, as appropriate.

1.1.3 The programme provider **must** outline the programme containing both theoretical and practice-based components, with emphasis on the latter, resulting in a medical doctor who is
– competent to undertake comprehensive appropriate medical practice in the defined
– field of medicine;
– capable of working in a professional manner;
– able to work unsupervised and independently;
– able to work within a professional/interprofessional team when relevant;
– committed and prepared to life-long learning and participation in continuing
– medical education/continuing professional development.

1.1.4 The programme provider **must** ensure improvement of patient care that is appropriate, effective, compassionate and safe in dealing with health problems and promotion of health, including a patientcentred and holistic approach.

1.1.5 The programme provider **must** ensure that trainees have appropriate working conditions to maintain their own health.

1.1.6 The programme provider **should** encourage appropriate innovation in the education process allowing for development of broader and more specialised competencies than those identified within the basic required competencies.

1.1.7 The programme provider **should** encourage doctors to become scholars within their chosen field of medicine.

1.1.8 The programme provider **should** encourage doctors to become active participants in facing social determinants of health.

1.2 PROFESSIONALISM AND PROFESSIONAL AUTONOMY

1.2.1 The programme provider **must** include professionalism in the education of doctors.

1.2.2 The programme provider **must** foster the professional autonomy necessary to enable the doctor to act in the best interests of the patient and the community.

1.2.3 The programme provider **should** ensure a collaborative relationship with government and other counterparts, whilst maintaining appropriate independence from them and ensure academic freedom.

1.3 EDUCATIONAL OUTCOMES

1.3.1 The programme provider **must** define the intended educational outcomes of the programme with respect to
- achievements at a postgraduate level regarding knowledge, skills and attitudes;
- appropriate foundation for the future career of trainees in the chosen field of
- medicine;
- future roles in the health sector;
- commitment to and skills in life-long learning;
- the health needs of the community, the needs of the health care system and other
- aspects of social accountability;
- professional behavior;
- generic and discipline/speciality-specific components;
- appropriate conduct regarding patients and their relatives, fellow trainees, trainers
- and other health care personnel.

1.3.2 The programme provider **must** ensure appropriate trainee conduct with respect to colleagues and other health care personnel, patients and their relatives.

1.3.3 The programme provider **must** make the intended outcomes publicly known.

1.3.4 The programme provider **should** ensure interaction between basic and postgraduate medical education.

1.4 PARTICIPATION IN FORMULATION OF MISSION AND OUTCOMES

1.4.1 The programme provider **must** state the mission and define the intended educational outcomes of the programmes in collaboration with principal stakeholders.

1.4.2 The programme provider **should** base the formulation of mission and intended educational outcomes of the programmes on input from other stakeholders.

2. EDUCATIONAL PROGRAMME
2.1 FRAMEWORK OF THE PME PROGRAMME

2.1.1 The programme provider **must** determine the educational framework based upon the intended educational outcomes of the programme and the qualifications of the trainees.

2.1.2 The programme provider **must** build its educational framework on the acquired outcomes of existing basic medical education and organise the educational framework in a systematic and transparent way.

2.1.3 The programme provider **must** use practice-based training involving the personal participation of the trainee in the services and responsibilities of patient care.

2.1.4 The programme provider **must** use instructional and learning methods that are appropriate and ensure integration of practical and theoretical components.

2.1.5 The programme provider **must** deliver the programme in accordance with principles of equality.

2.1.6 The programme provider **must** use a trainee-centred approach that stimulates, prepares and supports trainees to take responsibility for their own learning process and to reflect on their own practice.

2.1.7 The programme provider **must** guide the trainee by means of supervision and regular appraisal and feedback.

2.1.8 The programme provider **must** inform trainees about the programme and the rights and obligations of trainees and include the commitment to ethical considerations in the programme.

2.1.9 The programme provider **should** increase the degree of independent responsibility of the trainee as skills, knowledge and experience grow.

2.1.10 The programme provider **should** recognise gender, cultural and religious specifications and prepare the trainee to interact appropriately.

2.2 SCIENTIFIC METHOD

2.2.1 The programme provider(s) **must** introduce in the programme the foundation and methodology of medical research, including clinical research and clinical epidemiology.

2.2.2 The programme provider **must** ensure that the trainee becomes able to use scientific reasoning. (B 2.2.2)

2.2.3 The programme provider **must** ensure that the trainee becomes familiar with evidence-based medicine through exposure to a broad range of relevant clinical/practical experience in different settings in the chosen field of medicine.

2.2.4 The programme provide) **should** include formal teaching on critical appraisal of the literature and scientific data and adjust the content to scientific developments.

2.3 PROGRAMME CONTENT

2.3.1 The programme provider(s) **must** include in the programme clinical work and relevant theory or experience of
– basic biomedical, clinical, behavioural and social sciences and preventive
– medicine;

- clinical decision-making;
- communication skills;
- medical ethics;
- public health;
- medical jurisprudence and forensic medicine;
- managerial disciplines;
- patient safety;
- doctorsø self-care;
- the interface with complementary medicine.

2.3.2 The programme provider **must** organise the programme with appropriate attention to patient safety and autonomy.

2.3.3 The programme provider **should** improve the content regarding of knowledge, skills and attitudes related to the various roles of the doctor.

2.3.4 The programme provider **should** adjust the content to changing contexts and needs of the health care delivery system.

2.4 PROGRAMME STRUCTURE, COMPOSITION AND DURATION

2.4.1 The programme provider **must** describe the overall structure, composition and duration of the programme.

2.4.2 The programme provider **must** state compulsory and optional components of the programme and integrate practice and theory.

2.4.3 The programme provider **must** consider national regulations and provide adequate exposure to how local, national or regional health systems address the health care needs of populations.

2.4.4 The programme provider **should** in making a decision about the duration of the programme, take into consideration
- the acquired outcomes of basic medical education related to the chosen field of medicine;
- requirements of the different roles of the trained doctor in the health sector;
- possible alternatives to the use of time-based definitions of education.

2.5 ORGANISATION OF EDUCATION

2.5.1 The programme provider **must** define responsibility and authority for organising, coordinating, managing and evaluating the individual educational setting and process.

2.5.2 The programme provider **must include** in the planning of the programme appropriate representation of principal as well as other stakeholders.

2.5.3 The programme provider **must** plan the education to expose the trainee to a broad range of experiences in the chosen field of medicine.

2.5.4 The programme provider **should** ensure multi-site education and coordinate multi-site education to gain adequate exposure to different aspects of the chosen field of medicine.

2.6 THE RELATION BETWEEN PME AND SERVICE

2.6.1 The programme provider **must** describe and respect the apprenticeship nature of professional development.

2.6.2 The programme provider **must** integrate training and service and ensure that training is complementary to and integrated with service demands.

2.6.3 The programme provider **should** effectively organise use of the capacity of the health care system for service based training purposes.

3. ASSESSMENT OF TRAINEES
3.1 ASSESSMENT METHODS

3.1.1 The programme provider **must** formulate and implement a policy of assessment of the trainees.

3.1.2 The programme provider **must** define, state and publish the principles, purposes, methods and practices for assessment of trainees, including specialist examinations where used.

3.1.3 The programme provider **must ensure** that assessments cover knowledge, skills and attitudes.

3.1.4 The programme provider **must** use a complementary set of assessment methods and formats according to their õassessment utilityö, including use of multiple assessors and multiple assessment methods.

3.1.4 The programme provider **must** state the criteria for passing examinations or other types of assessment, including number of allowed retakes.

3.1.5 The programme provider **must** evaluate and document the reliability, validity and fairness of assessment methods.

3.1.6 The programme provider **must** use a system of appeal of assessment results based on principles of natural justice or due (legal) process.

3.1.7 The programme provider **should** encourage the use of external examiners. 3.1.8 The programme provider **should** incorporate new assessment methods where appropriate.

3.1.9 The programme provider **should** record the different types and stages of training in a training log-book.

3.2 RELATION BETWEEN ASSESSMENT AND LEARNING

3.2.1 The programme provider **must** use assessment principles, methods and practices that
- are clearly compatible with intended educational outcomes and instructional
- methods;
- ensure that the intended educational outcomes are met by the trainees;
- promote trainee learning;
- ensure adequacy and relevance of education;
- ensure timely, specific, constructive and fair feedback to trainees on the basis of assessment results.

3.2.2 The programme provider **should** use assessment principles, methods and practices that
- encourage integrated learning;
- encourage involvement of practical clinical work;
- facilitate interprofessional education.

4. TRAINEES
4.1 ADMISSION POLICY AND SELECTION
Basic standards:

4.1.1 The programme provider **must** consider the relationship between the mission of the programme and selection of trainees.

4.1.2 The programme provider **must** ensure a balance between the education capacity and the intake of trainees.

4.1.3 The programme provider **must** formulate and implement a policy on
  – the criteria and the process for selection of trainees;
  – admission of trainees with disabilities requiring special facilities;
  – transfer of trainees from other national or international programmes.

4.1.4 The programme provider **must** ensure a high level in understanding of basic biomedical sciences achieved at the undergraduate level before starting postgraduate education.

4.1.5 The programme provider **must** ensure transparency and equity in selection procedures.

4.1.6 The programme provider **should** consider in its selection procedure specific capabilities of potential trainees in order to enhance the result of the education process in the chosen field of medicine.

4.1.7 The programme provider **should** include a mechanism for appeal against decisions related to admission and continuation.

4.1.8 The programme provider **should** include traineesø organisations and other stakeholders in the formulation of the selection policy and process.

4.1.9 The programme provider **should** periodically review the admission policy.

4.2 NUMBER OF TRAINEES

4.2.1 The programme provider **must** set a number of education positions that is proportionate to
  – the clinical/practical training opportunities;
  – the capacity for appropriate supervision;
  – other resources available;
  – available information about the health needs of the community and society.

4.2.2 The programme provider **should** review the number of trainees through consultation with stakeholders.

4.2.3 The programme provider **should** adapt the number of training positions, taking into account
  – available information about the number of qualified candidates;
  – available information about the national and international market forces;
  – the inherent unpredictability of precise physician manpower needs in the various fields of medicine.

4.3 TRAINEE COUNSELLING AND SUPPORT

4.3.1 The programme provider **must** ensure access to a system for academic counselling of trainees.

4.3.2 The programme provider **must** base the academic counselling of trainees on monitoring the progress in education including reported unintended incidents.

4.3.3 The programme provider **must** make support available to trainees, addressing social, financial and personal needs.

4.3.4 The programme provider **must** allocate resources for social and personal support of trainees.

4.3.5 The programme provider **must** ensure confidentiality in relation to counselling and support.

4.3.6 The programme provider **must** offer career guidance and planning.

4.3.7 The programme provider **should** roved support in case of a professional crisis.

4.3.8 The programme provider **should** involve traineesø organisations in solving problematic trainee situations.

4.4 TRAINEE REPRESENTATION

The programme provider **must** formulate and implement a policy on trainee representation and appropriate participation in the

- statement of mission and intended educational outcomes;
- design of the programme;
- planning of traineesø working conditions;
- evaluation of the programme;
- management of the programme.

The programme provider **should** encourage traineesø organisations to be involved in decisions about education processes, conditions and regulations.

4.5 WORKING CONDITIONS

4.5.1 The programme provider **must** carry out the programme by appropriately remunerated posts/stipendiary positions or other ways of financing for trainees.

4.5.2 The programme provider **must** ensure participation by the trainee in all medical activities - including on-call duties - relevant for the education.

4.5.3 The programme provider **must** define and make known the service conditions and responsibilities of trainees.

4.5.3 The programme provider **must** replace interruptions of training caused by pregnancy (including maternity/paternity leave), sickness, military service or secondment by additional training.

4.5.4 The programme provider **should** ensure that the service components of trainee positions are not dominating.

4.5.5 The programme provider **should** take into account the needs of the patients, continuity of care and the educational needs of the trainee in the structuring of duty hours and on-call schedules.

4.5.6 The programme provider **should** allow part-time education under special circumstances, structured according to an individually tailored programme and the service background.

4.5.7 The programme provider **should** ensure that the total duration and quality of part-time education is not less than those of full-time trainees.

5. TRAINERS
5.1 RECRUITMENT AND SELECTION POLICY

5.1.1 The programme provider **must** formulate and implement a recruitment and selection policy for trainers, supervisors and teachers that specifies
- the expertise required;
- criteria for scientific, educational and clinical merit, including the balance between teaching, research and service qualifications;
- their responsibilities;
- the duties of the training staff and specifically the balance between educational, research and service functions.

5.1.2 The programme provider **must** in its selection policy take into account the mission of the programme, the needs of the education system and the needs of the health care system.

5.1.3 The programme provider **should** in the formulation and implementation of its staff policy
- recognise the responsibility of all physicians as part of their professional
- obligations to participate in the practice-based postgraduate education of
- medical doctors;
- reward participation in postgraduate education;
- ensure that trainers are current in the relevant field;
- ensure that trainers with a sub-speciality function are approved for relevant
- specific periods during the education and for other periods of education dependent
- on their qualifications;
- reward participation in programmes for developing their educational expertise;
- engage educational expertise in trainer development.

5.2 TRAINER OBLIGATIONS AND TRAINER DEVELOPMENT

5.2.1 The programme provider **must** ensure that trainers have time for teaching, supervision and learning.

5.2.2 The programme provider **must** provide faculty development of trainers and supervisors.

5.2.3 The programme provider **must** ensure periodic evaluation of trainers.

5.2.4 The programme provider **should** in the formulation and implementation of its staff policy
- include in staff development support for trainers regarding teacher education and further professional development, both in their speciality and in educational expertise;
- appraise and recognise meritorious academic activities in functions as trainers, supervisors and teachers;

- define a ratio between the number of recognised trainers and the number of trainees ensuring close personal interaction and monitoring of the trainee.

6. EDUCATIONAL RESOURCES
6.1 PHYSICAL FACILITIES
6.1.1 The programme provider **must** offer the trainee
- space and opportunities for practical and theoretical study;
- access to up-to-date professional literature;
- adequate information and communication technology;
- equipment for training in practical techniques;
- a safe learning environment.

6.1.2 The programme provider **should** regularly update the physical facilities and equipment regarding their appropriateness and quality in relation to postgraduate education.

6.2 LEARNING SETTINGS
6.2.1 The programme provider **must** select and approve the learning settings. have access to
- sufficient clinical/practical facilities to support the delivery of learning;
- a relevant number of patients;
- an appropriate case-mix of patients and patient materials to meet intended
- educational outcomes, including the use of both inpatient and outpatient
- (ambulatory) care and on-duty activity.

6.2.2 The programme provider **should** by the choice of learning settings ensure education
- in promotion of health and prevention of disease;
- in hospitals (general hospitals and, when relevant, academic teaching hospitals) and in community based facilities.

6.3 INFORMATION TECHNOLOGY
6.3.1 The programme provider **must** ensure access to web-based or other electronic media.

6.3.2 The programme provider **must** use information and communication technology in an effective and ethical way as an integrated part of the programme.

6.3.3 The programme provider **should** enable trainers and trainees to use existing and new information and communication technology for
- self-directed learning;
- communication with colleagues;
- accessing relevant patient data and health care information systems;
- patient/practice managements.

6.4 CLINICAL TEAMS
6.4.1 The programme provider **must** ensure experience of working in a team with colleagues and other health professionals.

6.4.2 The programme provider **should** encourage learning in a multi-disciplinary/multiprofessional team.

6.4.3 The programme provider **should** promote development of ability to guide and teach other health professionals.

6.5 MEDICAL RESEARCH AND SCHOLARSHIP

6.5.1 The programme provider **must** ensure that the trainee achieves knowledge of and ability to apply the scientific basis and methods of the chosen field of medicine.

6.5.2 The programme provider **must** adequate integration and balance between training and research.

6.5.3 The programme provider **should** encourage trainees to engage in medical research and quality development of health and the health care system.

6.5.4 The programme provider **should** provide sufficient time within the programme for trainees to undertake research and give access to research facilities and activities in the training settings.

6.6 EDUCATIONAL EXPERTISE

6.6.1 The programme provider **must** formulate and implement a policy on the use of educational expertise relevant in
- programme planning;
- implementation of the programme;
- evaluation of the programme.

6.6.2 The programme provider(s) **should** pay attention to the development of expertise in educational evaluation and in research in the discipline of medical education.

6.6.3 The programme provider **should** allow staff to pursue educational research interests.

6.7 LEARNING IN ALTERNATIVE SETTINGS

6.7.1 The programme provider **must** formulate and implement a policy on accessibility of individual trainees to education opportunities at alternative training settings within or outside the country.

6.7.2 The programme provider **must** establish a system for the transfer of the results of education.

6.7.3 The programme provider **should** facilitate regional and international exchange of trainers and trainees by providing appropriate resources.

6.7.4 The programme provider **should** establish relations with corresponding national or international bodies with the purpose of facilitating exchange and mutual recognition of education elements.

7. PROGRAMME EVALUATION
7.1 MECHANISMS FOR PROGRAMME MONITORING AND EVALUATION

7.1.1 The programme provider **must** routinely monitor the programme.

7.1.2 The programme provider **must** establish and apply a mechanism for programme evaluation.

7.1.3 The programme provider **must** in the evaluation address

- the mission, the intended as well as acquired educational outcomes, the
- educational programme, assessment, if any, the programme provider and the
- educational resources;
- the relation between the recruitment policy and the needs of the education and health systems;
- programme process;
- methods of assessment;
- progress of trainees;
- trainer qualifications;
- identified concerns.

7.1.4 The programme provider **must** ensure that relevant results of evaluation influence the programme.

7.1.5 The programme provider **must** involve principal stakeholders in evaluation.

7.1.6 The programme provider **should** make the process and results of evaluation transparent to principal as well as other stakeholders.

7.2 TRAINER AND TRAINEE FEEDBACK

7.2.1 The programme provider **must** seek feedback about programmes from trainers, trainees and employers.

7.2.2 The programme provider **should** actively involve trainers and trainees in planning programme evaluation and in using its results for programme development.

7.3 PERFORMANCE OF QUALIFIED DOCTORS

7.3.1 The programme provider **must** routinely monitor performance of qualified doctors. The programme provider **must** seek feedback on performance of qualified doctors from employers.

7.3.2 The programme provider **must** establish and apply a mechanism for programme evaluation using collected data on performance of qualified doctors.

7.3.3 The programme provider **should** inform about the results of the evaluation of the performance of qualified doctors to those responsible for selection of trainees and programme planning.

7.4 INVOLVEMENT OF STAKEHOLDERS

7.4.1 The programme provider **must** involve the principal stakeholders in its programme for monitoring and evaluation.

7.4.2 The programme provider **should** for other stakeholders

- allow access to results of course and programme evaluation;
- seek their feedback on the performance of doctors;
- seek their feedback on the programme.

7.5 APPROVAL OF EDUCATIONAL PROGRAMMES

7.5.1 The programme provider **must** document that all programmes, including training settings, are approved by a competent authority based on

- well-defined criteria;

- programme evaluation;
- the capability of the authority to grant or withdraw recognition of training settings or theoretical courses.

7.5.2 The programme provider **should** formulate and implement a system for quality control of training settings and other educational facilities including site visits or other relevant means.

8. GOVERNANCE AND ADMINISTRATION
8.1 GOVERNANCE

8.1.1 The programme provider **must** ensure that the programme is conducted in accordance with regulations concerning
- admission of trainees (selection criteria and number);
- process;
- assessment;
- intended educational outcomes.

8.1.2 The programme provider **must** document completion of education by the issue of degrees, diplomas, certificates or other evidence of formal qualifications for use by both national and international authorities.

8.1.3 The programme provider **must** be responsible for a programme for quality development.

8.1.4 The programme provider **should** ensure transparency of the work of governance and its decisions.

8.1.5 The programme provider **should** adequacy of the programme to the health needs of the population it serves.

8.2 ACADEMIC LEADERSHIP

8.2.1 The programme provider **must** take responsibility for the leadership/staff and organisation of postgraduate medical education.

8.2.2 The programme provider **should** evaluate the leadership/staff at defined intervals with respect to the mission of the programme and the acquired outcomes of the programme.

8.3 EDUCATIONAL BUDGET AND RESOURCE ALLOCATION

8.3.1 The programme provider **must** define responsibility and authority for managing the budgets of the programme.

8.3.2 The programme provider **must** allocate the resources necessary for the implementation of the programme and distribute the educational resources in relation to educational needs.

8.3.3 The programme provider **should** manage the budget in a way that supports the service obligations of trainers and trainees and innovations in the programme.

8.4 ADMINISTRATION AND MANAGEMENT

8.4.1 The programme provider **must** have an administrative and professional staff that is appropriate to support implementation of the educational programme and related activities and ensure good management and resource deployment.

8.4.2 The programme provider **should** include an internal programme of quality assurance of the management, including regular review.

8.4.3 The programme provider **should** ensure that management submits itself to regular review to achieve quality improvement.

8.5 REQUIREMENTS AND REGULATIONS

8.5.1 The programme provider **must** follow the definition by a national authority of the number and types of recognized medical specialities and other medical expert functions for which approved education programmes are developed.

8.5.2 The programme provider **should** define programmes for approved postgraduate medical education in collaboration with stakeholders.

9. CONTINUOUS RENEWAL

9.1 In realising the dynamics of postgraduate medical education and involvement of the relevant stakeholders, and in order to ensure sustainable quality the programme provider **must**

- initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme;
- rectify documented deficiencies;
- allocate resources for continuous renewal.

9.2 The programme provider **should** base the process of renewal on prospective studies and analyses and on results of local evaluation and the medical education literature.

9.3 The programme provider **should** ensure that the process of renewal and restructuring leads to the revision of the policies and practices of postgraduate medical education programmes in accordance with past experience, present activities and future perspectives.

9.4 The programme provider **should** address the following issues in its process of renewal:

– adaptation of mission statement of postgraduate medical education to the scientific, socio-economic and cultural development of the society;

– modification of the intended outcomes required at completion of postgraduate education in the chosen field of medicine in accordance with documented needs of the community that the newly trained doctor will enter;

– adaptation of the learning approaches and education methods to ensure that these are appropriate and relevant;

– adjustment of the structure, content and duration of postgraduate medicaleducation programmes in keeping with developments in the basic biomedicalsciences, the behavioural and social sciences, the clinical sciences, changes in the demographic profile and health/disease pattern of the population, and socioeconomicand cultural conditions. The adjustment would ensure that new relevantknowledge, concepts and methods are included and outdated ones discarded;

–   development of assessment principles and methods according to changes in intended outcomes and instructional methods;

–   adaptation of trainee recruitment policy, selection methods and trainee intake to changing expectations and circumstances, human resource needs, changes in the basic medical education and the requirements of the programme;

–   adaptation of trainer, supervisor and teacher recruitment and development policy according to changing needs in postgraduate medical education;

–   updating of training settings and other educational resources to changing needs in postgraduate medical education, i.e. the number of trainees, number and profile of trainers, the education programme and accepted contemporary education principles;

–   refinement of the process of programme monitoring and evaluation;

–   evelopment of the organisational structure and of governance and management to cope with changing circumstances and needs in postgraduate medical education and, over time, accommodating the interests of the different groups of stakeholders.

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